



TERRORISM RISK INSURANCE PROGRAM CERTIFICATION OF LOSS

Pursuant to 31 CFR 50.53 this form is to be used by insurers claiming the Federal share of compensation under the Terrorism Risk Insurance Program for insured losses arising from Program Trigger Events. The initial, and if necessary, supplemental, Certification(s) of Loss are to include data relevant to all insured losses paid or that will be paid as specified in 31 CFR 50.53(b)(2)(i) based on all Program Trigger Events within a Program Year. Schedules A, B, and C (see below) are required supporting documentation for this Certification of Loss form. Treasury must receive, or have received, an Initial Notice of Insured Loss for the relevant Program Year in order to process a Certification of Loss. In order to receive payment of the Federal share of compensation, the insurer must register with the Terrorism Risk Insurance Program Claims Facility and also be registered in the Central Contractor Registration (CCR). Further information can be obtained via the internet at <https://tripclaims.treas.gov>.

Insurer or Insurer Group Name: _____

NAIC Insurer (or Group) Number (or TIN if no NAIC #): _____

Initial ____ or Supplementary ____ Certification Program (calendar) Year: _____

Data as of: ____/____/____ ISO/PCS Cat Code(s) _____

Calculation of Federal Share of Compensation Claimed (*amounts from Bordereau):

| | |
|--|----------|
| 1. Total Cumulative Losses Paid and To be Paid* | \$ _____ |
| 2. Plus Total Allocated Loss Adjustment Expenses Paid* | \$ _____ |
| 3. Less Punitive Damage Amounts Paid* | \$ _____ |
| 4. Subtotal Insured Losses Paid | \$ _____ |
| 5. Less Total Salvage and Subrogation Recovered* | \$ _____ |
| 6. Subtotal Adjusted Insured Losses Paid | \$ _____ |
| 7. Less Insurer Deductible (from Schedule A) | \$ _____ |
| 8. Subtotal Excess of Deductible | \$ _____ |
| 9. Gross Federal Share (90% of subtotal Excess of Deductible in 2006; 85% in 2007) | \$ _____ |
| 10. Less Excess Insurer Recoveries (see below) | \$ _____ |
| 11. Less Duplicate Federal Recoveries* | \$ _____ |
| 12. Total Net Federal Share of Compensation | \$ _____ |
| 13. Less Prior Claimed Federal Share of Compensation | \$ _____ |
| 14. Federal Share of Compensation due Insurer (due Treasury) ¹ | \$ _____ |

Calculation of Excess Insurer Recoveries (if required):

| | |
|---|----------|
| 15. Total Reinsurance Recoveries from Program Trigger Events | \$ _____ |
| 16. Less Recoveries Repaid or to be Repaid to Reinsurers | \$ _____ |
| 17. Subtotal Net Reinsurance Recoveries | \$ _____ |
| 18. Plus Gross Federal Share (line 9) | \$ _____ |
| 19. Subtotal Total Insurer Recoveries | \$ _____ |
| 20. Less Adjusted Insured Losses Paid (line 6) | \$ _____ |
| 21. Total Excess Insurer Recoveries (if less than zero, enter zero above) | \$ _____ |

Control Number. _____
(Treasury use)

Supporting Schedules Attached (check all that apply):

- ____ Schedule A: Declaration of Direct Earned Premium and Insurer Deductible
(Required unless already submitted with Initial Notice of Loss)
____ Schedule B: Certification of Compliance (Required)
____ Schedule C: Loss Bordereau (Required)

Certification

I hereby certify that the statements, data, calculations and supporting documentation used to determine the Total Federal Share of Compensation claimed herein are accurate and complete to the best of my information, knowledge and belief. Any false or fraudulent statements or claims may subject the insurer and signatory to criminal, civil, or administrative penalties.

| | | |
|--------------------|------------------------|---------------|
| _____ Name | _____ Officer Title | _____ Date |
| _____ Signature | | |

Notice Under the Paperwork Reduction Act

We estimate it will take you about 90 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Terrorism Risk Insurance Program Office, 1425 New York Avenue, NW, Washington, DC 20220. Do not send completed form to this address. Submit forms according to instructions provided at www.treas.gov/trip.

¹When the insurer is required to reimburse Treasury, payment may be remitted by check or wire transfer. Checks should be made payable to U.S. Treasury and addressed to Department of the Treasury, Office of Financial Management, Attn: Metropolitan Square, 6th Floor, 1500 Pennsylvania Ave., NW, Washington, DC 20220. Wire transfers should be made to ABA number 021030004, Account number 20010001. Please provide a brief description/identification number in the comments area.